

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 29/824,310  
Inventor(s) : Brown, Jr. et al.  
Filed : April 2, 2001  
Art Unit : 1744  
Examiner : Laura Cole Guidotti  
Docket No. : OB-193 (P&G Docket No. Z3870)  
Confirmation No. : 9388  
Customer No. : 27752  
Title : Electric Toothbrush Head

RECEIVED  
CENTRAL FAX CENTER  
AUG 31 2006

## PETITION FOR EXTENSION OF TIME PURSUANT TO 37 C.F.R. § 1.136(a)

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

An extension of time is hereby requested under the provisions of 37 CFR 1.136(a) for filing a reply in the above-identified application.

Authorization is hereby given to charge the following fee and any additional fees which may be required, or credit any overpayment, to Deposit Account Number 16-2480 in the name of The Procter & Gamble Company:

- ☐ One month extension under 37 CFR 1.17(a)(1).  
☒ Two month extension under 37 CFR 1.17(a)(2). \$450  
☐ Three month extension under 37 CFR 1.17(a)(3).

Respectfully submitted,

09/01/2006 SSESHE1 00000003 162480 29824310

01 FC:1252 450.00 DA

THE PROCTER & GAMBLE COMPANY

By

Signature

Richard L. Alexander

Typed or Printed Name

Registration No. 52,463

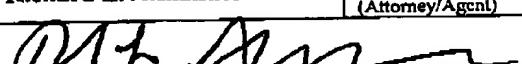
(513) 622-1268

Date: August 31, 2006  
Customer No. 27752  
(ExtensionOfTime.doc)  
(Last Revised 4/25/2006)

<b>FEE TRANSMITTAL</b> <b>for FY 2006</b> Patent fees are subject to annual revision. Effective December 8, 2004	<b>Complete if Known</b>	
	Application Number	09/824,310
	Confirmation Number	9388
	Filing Date	April 2, 2001
	First Named Inventor	Brown, Jr. et al.
	Examiner Name	Laura Cole Guidotti
	Art Unit	1744
<b>TOTAL AMOUNT OF PAYMENT (\$450)</b>	Docket No.	OB-193 (P&G Docket No. Z-3870)

RECEIVED  
CENTRAL FAX CENTER  
AUG 31 2006

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>																																														
1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		<b>5. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$450)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,020)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,590)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,160)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Fee Description	Fee	Fee Paid	Extension for reply within 1 <sup>st</sup> month	(\$120)	<input type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$450)	<input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,020)	<input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,590)	<input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,160)	<input type="checkbox"/>	Information Disclosure Statement fee	(\$180)	<input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50)	<input type="checkbox"/>	Non-English specification	(\$130)	<input type="checkbox"/>	Notice of Appeal	(\$500)	<input type="checkbox"/>	Filing a brief in support of an appeal	(\$500)	<input type="checkbox"/>	Request for oral hearing	(\$1,000)	<input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	<input type="checkbox"/>	Other:		<input type="checkbox"/>
Fee Description	Fee	Fee Paid																																														
Extension for reply within 1 <sup>st</sup> month	(\$120)	<input type="checkbox"/>																																														
Extension for reply within 2 <sup>nd</sup> month	(\$450)	<input type="checkbox"/>																																														
Extension for reply within 3 <sup>rd</sup> month	(\$1,020)	<input type="checkbox"/>																																														
Extension for reply within 4 <sup>th</sup> month	(\$1,590)	<input type="checkbox"/>																																														
Extension for reply within 5 <sup>th</sup> month	(\$2,160)	<input type="checkbox"/>																																														
Information Disclosure Statement fee	(\$180)	<input type="checkbox"/>																																														
37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130)	<input type="checkbox"/>																																														
37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50)	<input type="checkbox"/>																																														
Non-English specification	(\$130)	<input type="checkbox"/>																																														
Notice of Appeal	(\$500)	<input type="checkbox"/>																																														
Filing a brief in support of an appeal	(\$500)	<input type="checkbox"/>																																														
Request for oral hearing	(\$1,000)	<input type="checkbox"/>																																														
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370)	<input type="checkbox"/>																																														
Other:		<input type="checkbox"/>																																														
<b>FEE CALCULATION</b> 2. <b>BASIC FILING FEE - Large Entity</b> <table border="1"> <thead> <tr> <th></th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nonprovisional (\$300)</td> <td>(\$500)</td> <td></td> <td>(\$200)</td> <td></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td>(Total = \$1000)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td></td> <td>(Total = \$200)</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid	Application Type					Nonprovisional (\$300)	(\$500)		(\$200)		Utility			(Total = \$1000)	<input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)					(Total = \$430)	<input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)					(Total = \$1400)	<input type="checkbox"/>	Provisional Utility filing fee			(Total = \$200)	<input type="checkbox"/>		
	FILING FEE	SEARCH FEE	EXAMINATION FEE	Fee Paid																																												
Application Type																																																
Nonprovisional (\$300)	(\$500)		(\$200)																																													
Utility			(Total = \$1000)	<input type="checkbox"/>																																												
Design	(\$200)	(\$100)	(\$130)																																													
			(Total = \$430)	<input type="checkbox"/>																																												
Reissue	(\$300)	(\$500)	(\$600)																																													
			(Total = \$1400)	<input type="checkbox"/>																																												
Provisional Utility filing fee			(Total = \$200)	<input type="checkbox"/>																																												
3. <b>APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) <input type="checkbox"/>																																																
4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b> <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below <b>Fee Description</b> Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$200 per claim) Multiple dependent claim, if not paid (\$360) **Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim) SUBTOTAL (4) (\$) <input type="checkbox"/>			Extra Claims	Fee from Below	Fee Paid	Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiple Dependent claims:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUBTOTAL (5) (\$) [450]																														
	Extra Claims	Fee from Below	Fee Paid																																													
Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																													
Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																													
Multiple Dependent claims:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																													

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Richard L. Alexander	Telephone	(513) 622-1268
Signature		Date	August 31, 2006
	Registration No. 52,463		

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing the burden should be directed to the Office of Management and Enterprise Services, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT